COMMONWEALTH of VIRGINIA

Department of Health Professions
Board of Medicine

John W. Hasty
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Executive Director of the Board

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June 10, 1999

J. Jorge Gordinho, M.D.
Nephrology & Hypertension
P.O. Box 233
Low Moor, Virginia 24457

CERTIFIED MAIL
Z 057 544 753

RE: License No.: 0101-043986

Dear Dr. Gordinho:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Thursday, August 19, 1999, at 9:30 a.m., at the Roanoke Airport Marriott, 2801 Hershberger Road, Roanoke, Virginia**. The conference will be conducted pursuant to Sections 54.1-2919 and 9-6.14:11 of the Code of Virginia (1950), as amended ("Code").

An Informal Conference Committee ("Committee"), composed of three members of the Board, will inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia. Specifically, you may have violated Section 54.1-2915.A(3), as further defined in Section 54.1-2914.A(10) of the Code, in your treatment of seven patients at Columbia Alleghany Regional Hospital in Low Moor, Virginia ("Alleghany Regional"), in that:

1. You failed to properly assess Patient A's oxygenation and cardiac status prior to the patient undergoing an upper endoscopy. Specifically, on or about October 20, 1997, you admitted the patient, a 56-year-old male with a history of insulin dependent diabetes mellitus and chronic renal failure, with complaint of shortness of breath, abdominal pain and bloated abdomen. On date of admission, a chest x-ray showed bilateral pleural effusions suggesting pulmonary edema, and an electrocardiogram was abnormal, showing S T & T wave abnormality; however, the patient was taken for endoscopy on October 21, 1997, where cardiac arrest occurred shortly after initiation of the procedure.

2. You failed to adequately document your assessment and treatment of Patient B. Specifically, on or about February 12, 1998, you admitted the patient, a 35-year-old female with history of chronic recurrent abdominal pain, with complaint of abdominal pain, dehydration and weight loss. Your history and physical failed to document current medications, habits, details of a previous gastrointestinal work up, or clear plan of treatment. Your progress notes failed to document the indications for transfer to a psychiatric unit for detoxification. Your transfer summary stated that the patient would undergo detoxification at St. Albans; however, transfer did not occur, and the patient was discharged home on or about February 14, 1998.

3. You failed to adequately assess and respond to the respiratory failure and hypoxemia of Patient C, and you could not be reached when the patient's situation became critical. Specifically, on or about March 10, 1998, the patient, a 61-year-old female with a history of coronary artery disease status post angioplasty and chronic obstructive lung disease, was admitted for colon resection. You were the consultant for the patient's internal medicine care. On or about March 12, 1998, the patient underwent surgery. You reported in your 7:30 a.m. note of March 16, 1998, that the patient had had an acute episode of respiratory distress at 6:30 a.m. You reported in your note at noon on that date that the patient continued to have increasing PCO2 and low PO2. You reported in your 11:00 a.m. note of March 17, 1998, that the patient had had a very difficult night with low oxygen saturations, and that she was confused at times. From approximately 1552 until 1800 on March 17, 1998, nursing staff made approximately eight attempts to reach you concerning the patient's respiratory distress. Because you could not be reached, the patient's family requested that her care be transferred to another physician. The patient was intubated and placed on ventilation.

4. You failed to properly assess and treat the worsening fluid overload of Patient D. Specifically, on or about November 24, 1997, you admitted the patient, an 81-year-old female with a history of congestive cardiomyopathy, diabetes and renal insufficiency, with acute renal failure. Upon admission, the patient's BUN was 105, creatinine was 2.2, and the patient had had a weight gain from fluid of approximately thirty pounds. Despite the fact that you noted that the patient had congestive heart failure, and an echocardiography report on the date of admission noted severe global LV systolic dysfunction and large left pleural effusion, you ordered a substantial amount of intravenous fluids, while at the same time ordering escalating doses of diuretic therapy.

5. You failed to timely order a chest x-ray of Patient E, post central line placement and intubation with ongoing ventilator dependence. Specifically, on or about March 9, 1998, the patient, a 76-year-old female with a history of chronic obstructive pulmonary disease, was admitted with complaint of weakness, dizziness and progressive shortness of breath, with a diagnosis of possible GI bleeding. You were the consultant for the patient's internal medicine care. On or about March 13, 1998, the patient underwent partial gastrectomy with Billroth II anastomosis, during which she was intubated, and central venous catheter was placed. You failed to order a chest x-ray until March 14, 1998, for the following morning. Your progress note of March 15, 1998, failed to mention the chest x-ray; however, that x-ray indicated a large pneumothorax.

6. You ordered the administration of an inappropriately high dose of antibiotic for Patient F, and you reinstituted the patient's digoxin order without evidence of the resolution of a previously high digoxin level. Specifically, on or about April 8, 1998, you admitted the patient, a 72-year-old female with a history of atherosclerotic cardiovascular disease, congestive heart failure, and chronic renal failure, with complaint of nausea and vomiting, weight loss, and inability to eat. The patient was dehydrated on admission. On April 9, 1998, the patient's blood culture showed gram positive cocci, for which you ordered Imipenem, 1 gram every eight hours. Approximately 24 hours following this order, on April 10, 1998, the patient had evidence of a seizure. CT scan of the head was unremarkable. The patient was transferred to the ICU, and Imipenem was discontinued. Further, on or about April 9, 1998, Patient F's digoxin level was reported at 3.3, and you ordered digoxin administration held; however, on or about April 13, 1998, you reinstituted the medication order without indication that the digoxin toxicity had resolved.

7. From on or about April 7, 1998, to April 16, 1998, on which date Patient G's care was transferred to another physician, you failed to respond to the patient's increasing prothrombin time and INR. The patient, an 82-year-old female with a history of atherosclerotic heart disease, congestive heart failure, diabetes, and chronic obstructive lung disease, who was admitted with diagnosis of chest congestion and UTI, showed progressively increasing prothrombin time and INR. By your admission, you failed to acknowledge these results, and continued the patient's maintenance dose of Coumadin.

8. On or about April 16, 1998, Alleghany Regional suspended your clinical privileges, based on a preliminary review of cases you handled at that hospital. On or about December 15, 1998, the Board of Trustees of Alleghany Regional revoked your clinical privileges following a hearing at which issues regarding your competency and quality of care with regard to seven cases were reviewed.

In order to protect the privacy of your patients, they have been referred to by letter only. Please see Attachment I of this notice for the identity of the individuals listed above.

The following actions may be taken by this Committee:

1. If a majority of the Committee is of the opinion that a suspension or revocation of your license may be justified, the Committee shall present to the Board in writing its findings, and the Board may proceed with a formal hearing;

2. The Committee may notify you in writing that you are fully exonerated of any charge that might affect your right to practice medicine in Virginia;

3. The Committee may reprimand or censure you, or;

4. The Committee may place you on probation for such time as it may designate and direct that during such period you furnish the Committee or its chairman, at such intervals as the Committee may direct, evidence that you are not practicing in violation of the provisions of Chapter 29, Title 54.1 of the Code, which governs the practice of medicine in Virginia.

You have the right to information which will be relied upon by the Committee in making a decision. Therefore, I enclose a copy of the documents which will be distributed to the members of the Committee, and will be considered by the Committee when discussing the allegations with you and when deliberating upon your case. These documents are enclosed only with the original notice sent by certified mail, and must be claimed at the post office. I also enclose relevant sections of the Administrative Process Act, which governs proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia.

Absent good cause shown to support a request for a continuance, the informal conference will be held on Thursday, August 19, 1999. A request to continue this proceeding must state **in detail** the reason for the request and must establish good cause. Such request must be made in writing to me at the address listed on this letter and must be received by 5:00 p.m. on June 24, 1999. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after June 24, 1999, will not be considered.

You may be represented by an attorney at the informal conference. Further, it is your responsibility to provide the enclosed materials to your attorney.

To facilitate this proceeding, the Committee requests that you provide to Virginia Scher, Senior Legal Assistant, Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia 23230-1717, eight (8) copies of any documents you intend to submit for its consideration by August 5, 1999.

Please advise the Board of your intention to be present. Should you fail to appear at the informal conference the Board may proceed to a formal administrative hearing in order to impose sanctions. Should you have any questions regarding this notice, please contact Virginia Scher, Senior Legal Assistant, at (804) 662-7135.

Sincerely,

Warren W. Koontz, M.D.
Executive Director
Virginia Board of Medicine

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cc: Joseph A. Leming, M.D., President, Virginia Board of Medicine
John W. Hasty, Director, Department of Health Professions
James L. Banning, Director, Administrative Proceedings Division
Virginia A. Scher, Senior Legal Assistant
Renee Dixson, Case Manager, Board of Medicine
Patricia Fisher, Investigator (98-01626)
Judi Smith, Senior Administrative Assistant, Board of Medicine
Vicki Hutson-McCloud, Senior Administrative Assistant, APD

Enclosures:
Virginia Code Sections:
54.1-2914
54.1-2915
54.1-2919
9-6.14:11
Informal Conference Package
Attachment I
Map